L19 0000 23037

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COVER LETTER

TO: Registration Se Division of Cor		·		
SUBJECT:O&	Name of Lim	icou ()		
	Amendment and fee(s) are sub			
riease return all correspo	ondence concerning this matter	to the following:		
	Durry T. 3	Name of Person		
		Firm/Company		
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For further information c	oncerning this matter, please co		meation)	FORATIO
Darryl T. John Name o	Son II Person	at (937) 474- Area Code Daytin	4469 ne Telephone Number	35 55
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□ \$25.00 Filing Fee	✗ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en	tus &
Mailing Addres Registration S	<u>s:</u> Section	Street Address: Registration Se	ction	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on $\frac{\sqrt{3}}{\sqrt{2}}$ $\frac{\sqrt{2}}{\sqrt{2}}$ and assigned Florida document number <u>L190000 23037</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
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ecti	re date, if other than the date of filing: (optional)
n effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	ent's effective date on the Department of State's records.
cord s file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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ted	5/27/2020
	VI) at I (munth
	- Chart I - Charter I - Charte
	Signature of a prember or authorized representative of a member